



HFPO-Alaska

N E W S L E T T E R



Building the Future of Army Healthcare

Jun-Aug 2004

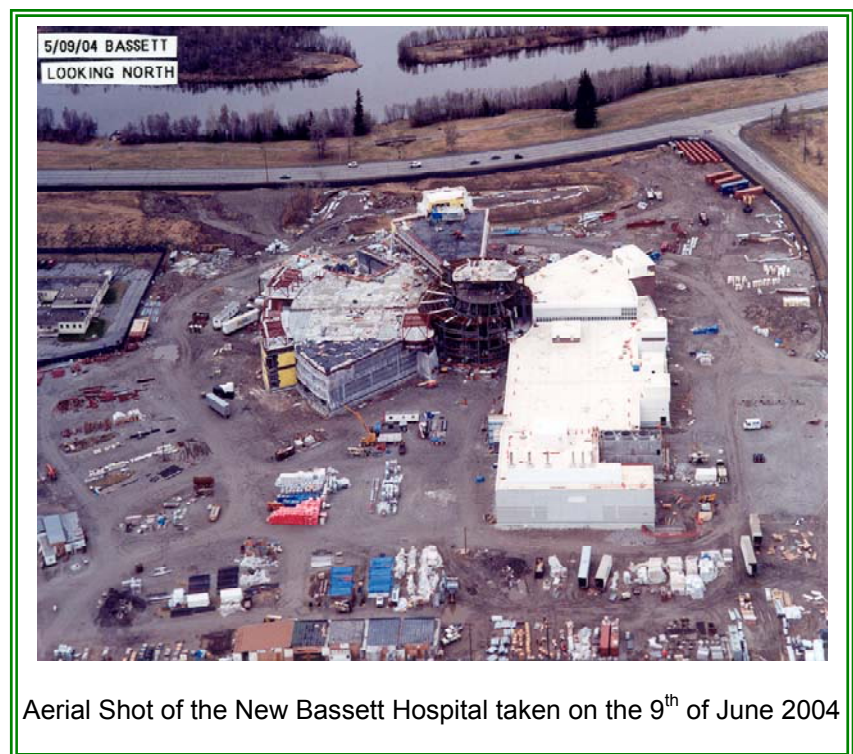
ONE MILLION!!!

No, not dollars, actually, it's one million man-hours. The first week of June 2004, the Bassett Hospital Project reached the milestone of over one million man-hours worked to date. We are almost two-thirds complete!

Summertime, also known as the Construction Season in Alaska, is here and the amount of activity on the new Bassett Hospital Project is peaking. Much like the past couple of years, we have almost every trade available working on the site this summer - over 300 craftsmen (and craftswomen) are hard at work daily. Activities range from pouring concrete on upper floor decks and roofs to final painting of walls and installing floor tiles in offices and exam rooms. In other words, right now you can see almost every single phase of construction in this one project.

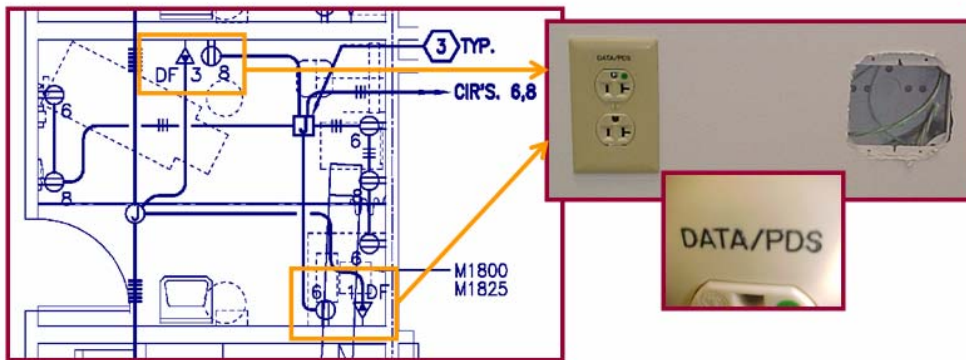
If you have any interest in seeing a variety of construction activities, or if you have ever wondered "just how thick are those windows?" Or maybe "what is an interstitial building space?" Or if you have asked yourself "What is behind the paint and walls in my office?" Well, to answer those questions and many more, you need to come on over and take a site tour. Walk through your future workspace. See what kind of view you will have. Or find out if some of the rumors are true, such as "Is the exterior wall really connected to the building with *plastic*?"

By this time next year, construction will be almost complete and we will be moving equipment, furniture and supplies into the new BACH. The hard work and long hours that went into all of those Blue Book reviews is paying off. Thanks to all who were involved!! We do still have one more blue book review to do, but it should be easier than the previous ones.



Aerial Shot of the New Bassett Hospital taken on the 9th of June 2004

Power, Power, everywhere.... but is it the right Power?



How many electrical power strips (the things you plug into on outlet then plug EVERYTHING else into) do you have in your office? How many in exam rooms or patient care areas? Did you know that these items (the power strips) are typically not authorized in healthcare facilities? These items are the 'weak link' in a electrical safety program and introduce another risk factor that can be eliminated. We eliminated the risk by providing the appropriate number and location of approved electrical outlets in the new facility.

The new hospital planners worked very hard to provide ample electrical outlets where needed. The drawing above is of a typical exam room/doctors office. It has seven normal duplex-outlets, and two "DATA/PDS" duplex-outlets. That means there are eighteen outlets in an exam room/doctors office.

By attempting to solve electrical outlet number and location problems, the planners created another - now the problem is what plug to use. The new facility typically has two sources of power in an exam room/doctors office (it is truly much more complicated than that, but as a rule- two different places to plug stuff in), one source would be the normal plug, the other is marked "DATA/PDS". The normal plug is just like a household power outlet. Feel free to plug any item with an appropriate plug into this outlet, keep in mind, there is more than one plug available, however we don't recommend power strips.

The DATA/PDS outlet is for office automation (OA) equipment, computers, printers, scanners, etc. These plugs are special in that they have an isolated neutral to the plug. What does that mean? It means the power is 'cleaner and safer' to protect the equipment that is plugged into this outlet. How does this affect you and why should you know this? As you plan to move into these spaces, you will be discouraged to move power strips, first option should be to plug directly into an outlet, last option would be to introduce power strips to a space.

Another planning factor is the location of OA equipment, you will want to keep it in close proximity of the DATA/PDS outlet and only plug OA items into these outlets. Plugging non-OA into the DATA/PDS outlets will not hurt the outlets, nor will it hurt the item plugged into it, however, there should not be a computer plugged into a normal outlet, and a coffee maker or radio plugged into a DATA/PDS outlet.

Yep, power is everything in the new facility, but is it the right power for what you need? As we move from the old facility to the new, we want to make sure we use the right power for the appropriate device.

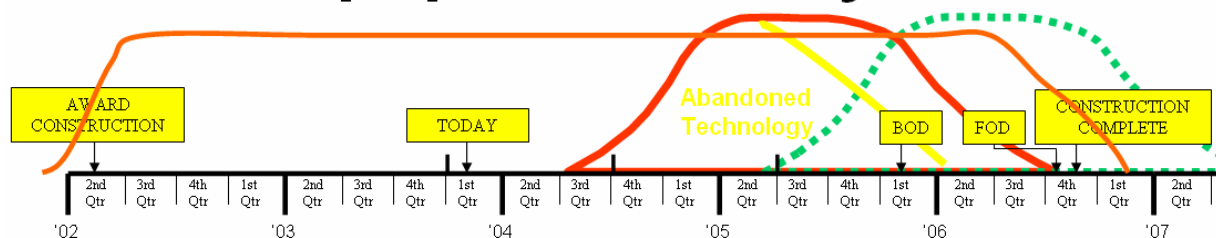
Leaning forward in the foxhole....

Ever wish you could get tomorrow's technology today? When purchasing new equipment for the new hospital, we try to "lean forward in the foxhole" and purchase tomorrow's technology today, so when you move in it won't be obsolete. When planning for current operations in your area of expertise, keep in mind that the new hospital team does not plan for current operations, but future operations. Manufacturers are always coming out with new product lines, the red line of the Equipment Lifecycle chart below shows a typical 'lifecycle' of a manufacturers end item. (a good example is an ultrasound). The yellow line indicates how as this technology gets older, we tend to abandon a model and move towards the manufacturers new or next generation (green dotted line). When purchasing for the new hospital, we would like to be at the beginning stages of the green dotted line, so when we open the doors of the new facility, the technology is not obsolete from the manufacturers or the operators standpoint. As I write this article, five new "Titan" mini-ultrasounds are inbound to current BACH.



The Titan is SonoSites new ultrasound and would be on the green dotted line below. From the current viewpoint this is leaning forward in the foxhole, however two years from now, one might say that the Titan is old technology. When you lean forward in the foxhole, your chances of getting shot are increased. Another hazard to leaning forward would be getting technology that was not authorized in the first place. For the ultrasounds, ample justification was and is on file to support the purchase, but as we think of future operations, we have to avoid fighting battles that were never in the scope of the new facility. An example would be the number of rooms - the hospital you see being built was not designed with a Stryker Brigade on Ft. Wainwright. Some say we need additional patient rooms, we just can not lean that far forward and add rooms (or associated equipment for that matter). How does this impact you? If you need to replace something you currently use, you would typically submit a CEEP to Property Management Branch, this process should not change. Know that HFPO reviews all CEEP's and looks for the next generation of products to meet your future needs. You can help by leaning forward in your foxhole as well, start thinking about tomorrow's hospital as well as your current operations.

Equipment Lifecycle





Spring has sprung.....



Fall has fell, summer's here and it's hotter than..... well not up here in Alaska.

Wait, that's how I started the last newsletter. I'm not sure it matters though, because if we were to count the number of tours we conducted the past three months for personnel at BACH we would only need one hand. Three star, two star and one star Generals and a two star Admiral recently took time out of their busy schedules to visit. That should indicate that this is a pretty big deal. Our concern here at HFPO is that you are missing a great opportunity. It won't be long and construction will be so far along that you won't be able to see the evolution of the facility. Now you can see open areas that have the studs up but no sheet rock, areas that have sheet rock, and the VA area that is even painted. No one has taken a tour and said they didn't enjoy it; rather most are amazed. As stated in the last newsletter; tours by section seem to work best and be the most meaningful. We can then give you an overview and concentrate more on your specific area. Plan to spend two hours from start to finish. When you arrive, you will receive a short briefing about the new hospital and a safety brief. You'll then be given a hard hat, safety vest, safety glasses and earplugs to use for your tour and a short walk later you're in the new facility. So, have your OIC, NCOIC or POC call Dawn Davids at 353-5826 (or email her on Outlook) to schedule your activities' tour.



No – it's not a Green House!!!

Representatives from the Corps of Engineers, Architect/Engineer Firm, and the General Contractor review a 'mock-up' – which is “a model of an object in the course of design, as a section of a window or its parts; built to scale or at full size, for purposes of studying construction details, judging appearance, and/or testing performance” as defined by McGraw Hills Dictionary of Architecture & Construction 3rd Edition. This mock-up is of the ski slope glass above The Green area.



Ambulance garage.

Note the heating conduit in the soon-to-be-poured floor.

Looking down the “Wave” corridor.

Flooring will be starting soon.

